

#### Massachusetts Department of Environmental Protection Bureau of Resource Protection - Drinking Water Program

# 2005 Public Water System

### **Annual Statistical Report for TNC Systems** For the 1/1/2005-12/31/2005 reporting period

PWS Name	
PWS ID#	
City/Town	

## B. Water System Information (cont.)

All TNC systems are required to have a water meter at each source and report annually the amount of water used from each source.  Starting in 2006, all TNC systems will be asked to report their maximum monthly water usage from each source. It will therefore be necessary for all TNC systems to keep records of each month's water meter reading.	7. Water Sources, Treatment, Consumption					
	DEP Source ID #					
	Source Name					
	Source Availability <sup>1</sup>					
	DEP Avg. Daily Pumping Limit (gpd)					
	Zone I radius (ft) <sup>2</sup>					
	Changes to Zone I activities/ownership? <sup>3</sup>	☐ Yes ☐ No				
	Possible sources of pollution in Zone I <sup>4</sup>					
	Is this source treated? <sup>5</sup>	☐ Yes ☐ No				
	Primary Purpose of Treatment <sup>6</sup>					
	Type of Treatment <sup>7</sup>					
	Is this source metered?	☐ Yes ☐ No				
	Volume used in 2005 (gallons)					
	Total Volume used from all sources -					

#### Notes:

- ACTIVE (active) = used as the primary or backup source, INACT (inactive) = off line for at least 1 year, EMERG (emergency) = emergency utilization (requires written permission from MassDEP to use) ABAND (Abandoned) = no longer available for use as a public water supply source
- Zone I is a 100' to 400' protective radius around a well. Springs have a square Zone I with dimensions indicated in the table. Contact MassDEP regarding any discrepancies of Zone I dimensions.
- 3 If 'YES' a description and map of the changes must be attached to this report.
- Examples include: Septic system, roadway, vehicle parking, buildings, fuel tanks. Attach additional pages as necessary.
- If a single treatment system is used to treat multiple water sources, please attach a diagram or description of the treatment system.
- Disinfection, Softening, Taste/Odor, Inorganics Removal, Particulate removal, Corrosion Control, Organics Removal, Radionuclide Removal, Other - please specify.
- Ultraviolet Light, Chlorination, Ion Exchange, Sediment Filter, Carbon Filter, Reverse Osmosis, Aeration, Chemical Addition, Other - please specify. If chemicals are added, indicate type of chemical used (e.g., sodium hydroxide). Attach additional pages as necessary.

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